

ISSUE SLIP STATEMENT AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SE		9-20-01
O.I.P.E. CLASSIFIER		15	52701
FORMALITY REVIEW	46	690	10-20-01
RESPONSE FORMALITY REVIEW	SG	1077	3/5/02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	✓
2	0
3	✓
4	✓
5	✓
6	✓
7	0
8	0
9	0
10	0
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	0
22	✓
23	✓
24	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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10/30/01
 1020
 947
 03/05/02